

**RELOCATION / TRANSFER QUESTIONNAIRE
INTERNATIONAL PCS**

Authorization Number: _____

The information requested below is needed to develop an estimate of the cost of your transfer, as provided for in 5.U.S.C. 5721, et seq, and the pertinent Federal Travel Regulations. A travel authorization will subsequently be prepared by a Relocation Specialist based on these responses. The Relocation Specialist will provide you with an estimate of allowable reimbursements, and any additional information to facilitate your relocation.

We realize that you will not be able to furnish exact information for every item at this time, but provide your best estimate for each item that will be involved in your transfer. Please notify us immediately if significant changes develop which may affect costs such as dates of travel, shipment of household goods, or number of dependents.

Please complete and sign this form and send to:

**Travel Services Division, Bureau of the Public Debt, Attn: Relocation Services Br.
PO Box 1328 , Parkersburg, WV 26106-1328.**

**(*) To expedite preparation of the Authorization, please fax the completed form to:
PCS Travel (Relocation) at 304-480-8480**

1. EMPLOYEE INFORMATION:

Employee Name (First, Last, MI): _____

SSN # : _____

Work Phone: () _____

FAX # : () _____

Reporting Date: _____

Office or location transferring to: _____

Retirement Plan :

Civil Service Retirement System (CSRS): _____

Civil Service Retirement System (CSRS) Offset: _____

Federal Employees Retirement System (FERS): _____

Other: _____

Employee Pay Grade and Annual Salary at time of Relocation: _____

(This is required to ensure appropriate Federal taxes are calculated correctly, if applicable.)

2. OFFICIAL STATION FROM WHICH TRANSFER WILL BE MADE:

(City, State, etc.)

(Country)

3. DEPENDENTS RELOCATING:

Name:

Relationship:

Date of Birth
of Children

For relocating dependents over the age of 21, please state reason for dependency:

Name

Reason for Dependency

4. **TRAVEL TO NEW OFFICIAL STATION:**

a. Will you, and members of your immediate family travel together? _____

If traveling together please indicate:

Departure Date: _____ Arrival Date: _____

Select your mode of transportation:

_____ Privately-owned automobile (POV) -

_____ If more than one POV, indicate how many needed and provide justification below

_____ Common carrier: Air _____ Train _____ Bus _____

If your family is traveling with you and **more than one automobile** is needed, please furnish a

justification for each vehicle: _____

b. If your family will be traveling separately, please complete the following for their travel:

Departure Date: _____ Arrival Date: _____

Select mode of transportation:

_____ Privately-owned automobile (POV)

_____ Common carrier: Air _____ Train _____ Bus _____

Please state reason why it is necessary for your family to travel separately: _____

c. If driving, what is your estimated mileage (one way) : _____

d. Do you wish to have POV(s) shipped to your new location? (Yes/No) _____ Special Approval from
your agency Approving Official **must** be obtained before this is authorized. If you are requesting this
option, please provide a detailed justification: _____

**NOTE: Househunting Trip may be available for non-foreign OCONUS relocations, ask your relocation
coordinator if this may apply to you.**

5. **TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE): (ACTUAL EXPENSE METHOD)**

For Relocations to CONUS from OCONUS or to Non-foreign Locations Only

Temporary Quarters actual expense is NTE 60 days unless authorized. Temporary Quarters may be utilized at the old or new duty station. The first 30 days is based on the standard CONUS per diem rate of \$60 for lodging and \$39 for meals per day for the employee. The spouse and children 12 years of age and older are allowed 75% of the employee rate. Children under 12 years of age receive 50% of the employee rate. Subsequent 30 day claims are reduced as follows: 75% of the CONUS per diem rate for the employee, 50% of the CONUS per diem rate for spouse and children 12 years of age and older, and 40% of the CONUS per diem rate for children under 12 years of age. **Itemized receipts are required for any expense over \$75.00 and actual meal costs must be recorded.**

TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE): (FIXED EXPENSE METHOD)

For Relocations to CONUS from OCONUS or to Non-foreign Locations Only

Temporary Quarters fixed expense is a one time NTE 30 days entitlement. This entitlement is based on the per diem rate (same as the TDY rate) of the location you are being relocated to. The employee will receive 75% of the locality rate, the spouse and children (regardless of age) will receive 25% of the locality rate. This is calculated by taking the entitlement for one day times the percentage each eligible individual is allowed, times the number of days needed for temporary quarters, not to exceed the 30 days allowable.

Itemized receipts are NOT required.

Please select the method of Temporary Quarters Subsistence Expense you wish to receive:

_____ Temporary Quarters Subsistence Expense (**Actual**)

_____ Temporary Quarters Subsistence Expense (**Fixed**)

If you select Temporary Quarters Fixed Expense, please indicate the number of days you think you
and/or your family will require: _____

| <u>Name of dependents in TQ</u> | <u>Location of TQ</u> | <u>Estimated # of Days</u> |
|---------------------------------|-----------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA): (UPON FIRST ARRIVAL)

For Relocations to OCONUS Foreign Locations Only

Temporary Quarters Allowance is NTE 90 days unless authorized. Pre-approval is required for extensions. Initial occupant (employee or family member age 12 or older) a daily rate not in excess of 75% of the per diem rate for the foreign post. For each additional occupant, whether employee or family member age 12 or over, 50% of the per diem rate. For each family member occupant under age 12, 40% of the per diem rate. Percentages decrease for subsequent 30 day periods. **Itemized receipts are required for any expense over \$75.00 and actual meal costs must be recorded.**

TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA): (PRECEDING FINAL DEPARTURE)

For Relocations to OCONUS Foreign Locations Only

Temporary Quarters Allowance is NTE 30 days unless authorized. Pre-approval is required for extensions. Initial occupant (employee or family member age 12 or older) a daily rate not in excess of 75% of the per diem rate for the foreign post. For each additional occupant, whether employee or family member age 12 or over, 50% of the per diem rate. For each family member occupant under age 12, 40% of the per diem rate. Percentages decrease for subsequent 30 day periods. **Itemized receipts are required for all lodging & any expense over \$75.00 and actual meal costs must be recorded.**

Please select the method of Temporary Quarters Subsistence Allowance you wish to receive (OCONUS Only):

_____ Temporary Quarters Subsistence Allowance - Upon First Arrival

_____ Temporary Quarters Subsistence Allowance - Preceding Final Departure

| <u>Name of dependents in TQ</u> | <u>Location of TQ</u> | <u>Estimated # of Days</u> |
|---------------------------------|-----------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If you have further questions about which option to select, please contact the Relocation Specialist before you make your choice. He/She will provide the calculations to help you choose your option.

6. FOREIGN TRANSFER ALLOWANCE (FTA)

The Foreign Transfer Allowance (FTA) is for extraordinary, necessary and reasonable expenses, not otherwise compensated for, incurred by an employee incident to establishing him or herself at any post of assignment in a foreign area, including costs incurred in the United States, its territories, possessions, the Commonwealth of Puerto Rico and the Commonwealth of the Northern Mariana Islands prior to departure for such post. Under the FTA, you may be entitled to a Miscellaneous Expense, Predeparture Subsistence Expense (NTE 10 days) or a Wardrobe Expense. Please ask your relocation specialist if you are eligible for these allowances.

Do you require a predeparture subsistence expense in the US prior to relocating to a foreign location? _____

7. TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:

- a. Number of bedrooms in current home: _____
- b. Anticipated date of shipment: _____
- c. If relocating to a consumable post, do you wish to ship consumable items? _____
- d. Will you require temporary storage at the old official station? _____ Approx # of days: _____
- Will you require temporary storage at the new official station? _____ Approx # of days: _____
- e. What is the length of your Tour? _____
- f. Are you relocating to or from a post that provides adequate furnishings? _____
- g. Do you require a shipment of Unaccompanied Air Baggage? _____

8. EXTENDED STORAGE OF HOUSEHOLD GOODS

- a. Do you require extended storage of your household goods? _____
- b. Do you currently have household goods in extended storage at government expense? _____
- 1) If so, what is the weight of the stored goods? _____
- 2) What is the name of the carrier responsible for storing your goods? _____

The above responses are accurate and complete to the best of my knowledge at this time. Any significant changes will be brought to the attention of the Relocation Specialist.

| | |
|----------------------------------|-----------------|
| _____ (Signature of Employee) | _____ (Date) |
|----------------------------------|-----------------|

Upon completion of this questionnaire, the Relocation Specialist will complete the following estimates:

- | | | |
|--|-------------------|---------------|
| 1) Miscellaneous Expense: | Individual: _____ | Family: _____ |
| 2) Withholding Tax Allowance (WTA): | _____ | |
| 3) Relocation Income Tax Allowance (RITA): | _____ | |
| 4) Total of allowable reimbursements: | _____ | |
| 5) Employer share of FICA/HITS: | _____ | |
| Total Estimated Expenses: _____ | | |

PRIVACY ACT

In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.